

Attorney's Docket No. 1543.004 (5784-81)

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Whitehouse

Appl. No.: 09/385,114

Filed: August 27, 1999

For: ANGIOGENICALLY EFFECTIVE UNIT DOSE OF FGF-2  
AND METHOD OF USE

Group Art Unit:

1653

Examiner:

Hope Robinson

June 4, 2001

Commissioner for Patents  
Washington, DC 20231

## AMENDMENT

Sir:

Responsive to the Office Action mailed December 4, 2000, Applicant respectfully requests reexamination and reconsideration of the above-referenced application in view of the following amendments and remarks. The Examiner is respectfully requested to enter the following amendments.

In the Specification

At page 1, after the title and before the Background of the Invention, please add the following cross-reference paragraph:

- [This application claims the benefit of U.S. Provisional Application Serial NoS.

60/104,102, filed October 13, 1998, entitled "*Angiogenically Effective Unit Dose of FGF-2 and Method of Administering*," and 60/104,103, filed October 13, 1998, entitled *Angiogenically Effective Unit Dose of FGF and Method of Administering*," the contents of which are herein incorporated by reference in their entirety.] -

In the Claims:06/28/2001 P. 11701 00000501 150605 09385114  
Please cancel claims 1-9.

01 FC:102 320.00 CH

02 FC:103 378.00 CH

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Transmitted herewith is an AMENDMENT in the above-identified patent application.

- ☐ Applicant claims small entity status. See 37 C.F.R. § 1.27.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR RATE	ADDIT. FEE
TOTAL	* 58	** 37	= 21	X9=	\$	X18=	\$ 378
INDEP	* 10	*** 6	= 4	X40=	\$	X80=	\$ 320
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+135=	\$	+270=	\$
				TOTAL ADD FEE \$		OR TOTAL	\$ 698

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

*Official*  
*6/14/01*  
*Please enter*

B

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- ☒ Please charge my Deposit Account No. 16-0605 in the amount of \$698.00.
- ☐ A check in the amount \$ to cover the additional fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiency in payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0605.
- ☒ Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,

*Leslie T. Henry*

Leslie T. Henry

Registration No. 45,714

Attorney/Agent of Record

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#### CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office at Fax No. (703) 308-0294 on the date shown below.

Polly P. Burton

(Type or print name of person signing certification.)

*Polly P. Burton*  
Signature

6/4/01  
Date

#### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on